

EDITOR'S CHOICE

'Arbitrary few' striker-doctors fail to get political reprieve

Intensive political negotiations between the South African Medical Association (SAMA) and senior health ministers have failed to prevent a hearing into the ethical conduct of 256 KwaZulu-Natal doctors singled out for striking last April.

SAMA had hoped that the Health Professions Council (HPCSA) would halt its inquiry if the KZN provincial health authorities dropped their complaint in return for written apologies from the public sector doctors – but this was shot down on procedural grounds by the HPCSA's legal manager, Advocate Tshepo Boikanyo. Boikanyo says the HPCSA is a stand-alone body that can pursue matters 'independently of complainants' in the interests of its core mission to protect the public and guide the health care professions.

Chris Bateman reports that a trustworthy deal could have mitigated fall-out among public sector doctors increasingly united by difficult working conditions, dysfunctional administrations and relatively low professional salaries.

The national strike involved thousands of doctors protesting long-awaited Occupation Specific Dispensation (OSD), career-path-related pay hikes which they saw as woefully inadequate. Any punitive outcome for an arbitrary few could prove a watershed event in health care delivery as they and/or their disgruntled colleagues leave the public sector in ever-growing numbers.

Haiti: South African reflections

The Haitian earthquake was a natural disaster of immense proportions. More than 3 million people were severely affected by the earthquake, of whom over 2 million needed regular food supplies. Over 1.1 million people were rendered homeless. Assistance from South Africa consisted of two independent NGOs: Rescue South Africa (RSA) and the Gift of the Givers Foundation. Fathima Docrat tells of her experiences from a personal perspective,² and an analytical study is reported by Van Hoving and colleagues.³ While South African radio reports at the time painted a glowing picture of such a philanthropic venture by our people, the reality is rather more measured and stark.

Docrat, who has been involved in other medical mercy missions, reflects that medics have to be prepared to participate in many other activities such as pitching tents. They saw individuals coming to Haiti to practise on vulnerable individuals with no thought to the consequences. She also deals with the need to provide assistance for the post-traumatic stress suffered by members of such teams.

The analytical study points to several areas of concern and concludes that the South African response to the Haitian earthquake was not ideal. There is a need for a single, official, centrally co-ordinated and properly prepared team to respond

to disasters. This would be done best in conjunction with government bodies, while using the skills and experience of local NGOs. They also conclude that travelling for up to 5 days halfway around the globe to provide 3 days of assistance does not do justice to the commitment of resources and the dedication of the people involved.

Controlling rheumatic heart disease

Rheumatic fever (RF) was made a notifiable condition in South Africa in 1989. Since then the first week in August has been National Rheumatic Fever Week. Bongani Mayosi⁴ outlines the problems of rheumatic fever and the resulting rheumatic heart disease (RHD), and how these should be addressed.

Very few paediatricians know that RF is a notifiable condition and that the notification system was dysfunctional.

Education about the causes, treatment and prevention of RF is the first pillar; the second is *primary prevention through treatment of suspected streptococcal sore throat with penicillin*; thirdly RF and RHD should be *controlled by secondary prevention through register-based penicillin prophylaxis*; and the fourth pillar is the *surveillance through notification of acute rheumatic fever*, which is mandatory in terms of South African law.

We can learn from countries (e.g. Cuba) that implemented a comprehensive strategy base on these pillars resulting in the virtual elimination of the disease.

Paradoxical reduction in upper genital tract infection

Upper genital tract infection (UGTI), which is a sexually transmitted infection (STI), is one of the most common gynaecological disorders that affect women in their reproductive years. Its long-term consequences include chronic pelvic pain, ectopic pregnancy and infertility.

Nomande Gumata and Robert Pattinson⁵ record the unexpected low rate of admissions to Kalafong Hospital of complicated UGTI despite the massive HIV epidemic. The authors explore possible explanations for these findings.

Strategies targeting the youth have an effect on reducing STI rates. A greater level of sexual education has contributed to STI reductions through a decline in sexual activity by adolescent girls. Comprehensive syndromic management of STIs, mainly antibiotics and condom use, may also have contributed to a reduction in complicated UGTI seen at Kalafong Hospital.

JPvN

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3. Van Hoving DJ, Smith WP, Kramer EB, De Vries S, Docrat F, Wallis LA. Haiti: The South African perspective. *S Afr Med J* 2010; 100: 513-515.
4. Mayosi B. The four pillars of rheumatic heart disease control. *S Afr Med J* 2010; 100: 506.
5. Gumata N, Pattinson R. A paradoxical reduction in upper genital tract infection despite the massive HIV epidemic. *S Afr Med J* 2010; 100: 508-509.